

ISSUE SLIP STAFF

(Additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>062461</i>	<i>11/16/88</i>
O.I.P.E. CLASSIFIER	<i>(150)</i>	<i>57</i>	<i>14-14-88</i>
FORMALITY REVIEW		<i>872</i>	<i>11/20/88</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(RETURN TO SENDER)